

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME: XTO ENERGY, INC
ADDRESS: 52260 WIK RD
KENAI, AK 99611
FACILITY: EAST FORELANDS
LOCATION: 60° 31' 10" N; 151° 20' 31" W

RECEIVED
RESCAN 10/27
OCT 16 2009
DEC 4

(2-16)	(17-19)
AKG 31 5003	015
PERMIT NUMBER	DISCHARGE NUMBER

CHECK HERE IF NO DISCHARGE

RECEIVED

OCT 16 2009

DEC

Division of Water Quality
Wastewater Discharge Program

YEAR	MONTH	DAY
2009	9	1
(20-21)	(22-23)	(24-25)

MONITORING PERIOD

TO	YEAR	MONTH	DAY
	2009	9	30
	(26-27)	(28-29)	(30-31)

Division of Water Quality
Wastewater Discharge Program

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		Average (54-61)	Maximum (54-61)	Units (46-53)	Minimum (38-45)	Average (46-53)	Maximum (54-61)	Units (38-45)			
015 - Produced Water FLOW	Sample Measurement Permit Requirement	0.1565494	0.204708	MGD	***	***	***	***	0	Weekly	Estimate
		***	***		***	***	***		***	Weekly	Estimate
		***	***		***	***	***		***	Weekly	Estimate
015 - Produced Water PRODUCED SAND	Sample Measurement Permit Requirement	***	***	***	No discharge	No discharge	No discharge	***	0	***	***
		***	***		No discharge	No discharge	No discharge		***	***	***
		***	***		No discharge	No discharge	No discharge		***	***	***
015 - Produced Water OIL & GREASE	Sample Measurement Permit Requirement	***	***	***	***	7.96	11	mg/l	0	Weekly	Grab
		***	***		***	29	42		***	Weekly	Grab
		***	***		***	29	42		***	Weekly	Grab
015 - Produced Water pH	Sample Measurement Permit Requirement	***	***	***	7.06	***	7.4	SU	0	Weekly	Grab
		***	***		6	***	9		***	Weekly	Grab
		***	***		6	***	9		***	Weekly	Grab
015 - Produced Water TAH	Sample Measurement Permit Requirement	***	***	***	***	20.71	20.71	mg/l	0	Monthly	Grab
		***	***		***	24	32		***	Monthly	Grab
		***	***		***	24	32		***	Monthly	Grab
015 - Produced Water TAqH	Sample Measurement Permit Requirement	***	***	***	***	20.778	20.778	mg/l	0	Monthly	Grab
		***	***		***	Report	Report		***	Monthly	Grab
		***	***		***	Report	Report		***	Monthly	Grab
015 - Produced Water TOTAL AMMONIA	Sample Measurement Permit Requirement	***	***	***	5.1	5.1	5.1	mg/l	0	Quarterly	Grab
		***	***		Report	***	Report		***	Quarterly	Grab
		***	***		Report	***	Report		***	Quarterly	Grab

NAME TITLE PRINCIPAL
EXECUTIVE OFFICER

Ryan Tunseth
HSE&T Coordinator

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Telephone

907 776-2510

Date (YR/MO/DAY)

10/14/2009

COMMENTS & EXPLANATION OF ANY VIOLATIONS: WET Testing sampling frequency is reduced to once/6 months [Section II.G.6.a - Permit # AKG-31-5000] 2nd Period 2009 WET tests were taken on 07/21/09 and were submitted with the August-09 DMR. Additionally the sampling frequency for Copper, Manganese, Silver, Total Mercury, and Zinc is reduced from monthly to quarterly [Section II.G.6.a - Permit # AKG-31-5000] 3rd Quarter 2009 sample results are shown.

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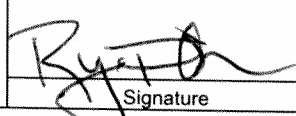
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<input type="checkbox"/>	CHECK HERE IF NO DISCHARGE
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MONITORING PERIOD							
FROM	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
	2009	9	1		2009	9	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		Average (54-61)	Maximum	Units	Minimum	Average	Maximum				Units
015 - Produced Water COPPER	Sample Measurement	***	***	***	***	3.82	3.82	ug/l	0	Quarterly	Grab
	Permit Requirement	***	***		***	60	90		***	Quarterly	Grab
	Sample Measurement	***	***		***	***	N/D		N/D	ug/l	0
Permit Requirement	***	***	***	0.5		0.8	***	Quarterly	Grab		
Sample Measurement	***	***	***	***		1.04	1.04	mg/l	0		Quarterly
Permit Requirement	***	***		***	7.9	15.8	***		Quarterly	Grab	
Sample Measurement	***	***		***	***	1.87	1.87		ug/l	0	Quarterly
Permit Requirement	***	***	***		46	149	***	Quarterly		Grab	
Sample Measurement	***	***	***		***	0.342	0.342	mg/l		0	Quarterly
Permit Requirement	***	***		***	3.1	6.1	***		Quarterly	Grab	
Sample Measurement	***	***		***	***	< 625	< 625		TUc	0	Semi Annual
Permit Requirement	***	***	***		1209	2425	***	Semi Annual		Grab	

NAME TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Signature	Telephone	Date (YR/MO/DAY)
Ryan Tunseth HSE&T Coordinator			907 776-2510	10/14/2009
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